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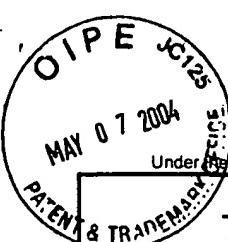
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	37	Attorney Docket Number	29195-8173US
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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check, Return Postcard, cited references (32 enclosed)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John M. Weckin
Signature	
Date	December 15, 2003

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Date	December 15, 2003

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FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known	
Express Mail No.	EV335521226US
Application Number	10/080,914
Filing Date	February 22, 2002
First Named Inventor	Randy Harris
Examiner Name	Donald R. Valentine
Art Unit	1742
Attorney Docket No.	29195-8173US

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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-0665 Deposit Account Name Perkins Coie LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																												
FEE CALCULATION (continued)																												
1. BASIC FILING FEE		3. ADDITIONAL FEES																										
Large Entity	Small Entity	Large Entity	Small Entity																									
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description																								
1001 770	2001 385	1051 130	2051 65	Surcharge - late filing fee or oath																								
1002 340	2002 170	1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet																								
1003 530	2003 265	1053 130	1053 130	Non-English Specification																								
1004 770	2004 385	1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination																								
1205 160	2005 80	1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action																								
SUBTOTAL (1) (\$)		1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action																								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																												
Total Claims	94	Extra Claims	Fee from below	Fee Paid																								
Independent Claims	16	- 94** = 0	X	= 0																								
Multiple Dependent		- 16** = 0	X	= 0																								
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$)</td> <td></td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Description	Fee Code (\$)	Fee Code (\$)		1202 18	2202 9	Claims in excess of 20	1201 86	2201 43	Independent claims in excess of 3	1203 290	2203 145	Multiple dependent claim, if not paid	1204 86	2204 43	** Reissue independent claims over original patent	1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$)		
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1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																										
SUBTOTAL (2) (\$)																												
**or number previously paid, if greater; For Reissues, see above																												
(Complete if applicable)																												
Name (Print/Type)	John M. Wechkin		Registration No. (Attorney/Agent)	42,216																								
Signature			Telephone	208-359-8000																								
Date 12/15/03																												

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SENT: December 15, 2003

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10/080,914, filed 02/22/2002, Conf No. 7791; for METHOD AND
APPARATUS FOR MANUALLY AND AUTOMATICALLY
PROCESSING MICROELECTRONIC WORKPIECES

Perkins Coie LLP

